

Somerset County Vocational & Technical Schools
PO Box 6350, 14 Vogt Dr., Bridgewater, NJ 08807
www.SCVTHS.org 908.526.8900

GIFTED & TALENTED

THEATER ARTS APPLICATION

How to Apply

All students who apply to Somerset County Vocational and Technical High School (SCVTHS) are considered for acceptance. Applicants are ranked anonymously according to their grades, attendance, test scores (such as NJSLA), and discipline records. Theater Arts applicants must also participate in an audition process. All required information, including an application with the correct signatures must be submitted to SCVTHS prior to **February 13, 2020**. Incomplete or late applications will be considered AFTER all applications that arrived on time are processed.

Step 1: Complete the Application:

- (a) Parents complete the student information pages.
- (b) School counselor to complete the sending district page.
- (c) You may select up to three CTE program, including Theater Arts.
- (d) Your school will send the completed application to SCVTHS.

Some information will be provided to SCVTHS by your school. Talk to your counselor about what you are responsible for completing. The application requires several signatures including a signature from a legal parent or guardian.

Step 2: Take the admissions test. **An application must be in progress prior to registering for the admissions test. Register for a testing session on our website at www.scvths.org > Admission > Admissions Testing.** If possible, we suggest registering for the on-site testing date of February 22nd, because the on-site March 14th testing date coincides with one of our second round audition dates.

Step 3: Schedule your audition by emailing Alison Mingle at amingle@scvts.net. All Theater Arts applicants must attend first round auditions the morning of **Saturday, March 7, 2020**.

Applicants interested in the "Acting with Vocal Music Emphasis" track must first attend a vocal music audition the evening of **Thursday, March 5, 2020**, which must also be scheduled by emailing amingle@scvts.net.

For more information regarding auditions, please visit:

www.scvths.org > Admission > Admission to the Theater Arts Program > Auditions

Step 4: Applicants may be invited to additional audition sessions. Parents and students should keep the following dates available, should they be invited to attend:

- Thursday evening, March 12, 2020 – second round vocal music auditions – by invitation only
- Saturday, March 14, 2020 – second round speaking auditions – by invitation only
- Tuesday evening, March 17, 2020 – additional callback auditions/interview – by invitation only

Step 5: After your application has been processed, you will receive a letter informing you of the outcome of your application. You may be accepted for the Theater Arts program, you may be put on a waiting list, you may be accepted to one of your alternative choice programs, or your application may be denied.

Your guidance counselor will also be notified of the outcome of your application. If you were placed on a waiting list for a program, you will be notified if a position becomes available before September 15.

SOMERSET COUNTY VOCATIONAL & TECHNICAL HIGH SCHOOL

PO Box 6350, 14 Vogt Drive
Bridgewater, NJ 08807

Phone: 908-526-8900 x7243 or x7250
Fax: 908-252-3462
WWW.SCVTHS.ORG

Office Use Only AFFIX APPLICATION ID# HERE

THEATER ARTS APPLICATION FOR THE 2020-21 SCHOOL YEAR

STUDENT INFORMATION – *Please Print Clearly*–

STUDENT LAST NAME STUDENT FIRST NAME STUDENT MIDDLE NAME HOME PHONE #

STUDENT EMAIL ADDRESS PRIMARY LANGUAGE SPOKEN AT HOME

STUDENT RACE (OPTIONAL) AMERICAN INDIAN ASIAN BLACK PACIFIC WHITE
(MORE THAN ONE RACE CATEGORY MAY BE REPORTED)

STUDENT ETHNICITY (OPTIONAL) HISPANIC OR LATINO NON-HISPANIC OR LATINO
(PLEASE CHECK ONE)

STUDENT GENDER MALE FEMALE

HOME ADDRESS

CITY STATE ZIP CODE STUDENT DATE OF BIRTH

CITY OF BIRTH STATE OF BIRTH COUNTRY OF BIRTH

PARENT/GUARDIAN 1 NAME RELATIONSHIP TO STUDENT

DAYTIME PHONE# CELL PHONE # EMAIL ADDRESS

PARENT/GUARDIAN 2 NAME RELATIONSHIP TO STUDENT

DAYTIME PHONE # CELL PHONE # EMAIL ADDRESS

PARENT 2 ADDRESS (IF DIFFERENT FROM PARENT 1)

EMERGENCY CONTACT RELATIONSHIP TO STUDENT

DAYTIME PHONE # CELL PHONE # EMAIL ADDRESS
WHICH PARENT(S) DOES THE STUDENT LIVE WITH? BOTH PARENTS PARENT 1 PARENT 2

STUDENT NAME (please print clearly): _____
Last Name First Name

CURRENT GRADE LEVEL 8 9 10 11

PLEASE INDICATE YOUR TECHNICAL PROGRAM PREFERENCE BY NUMBERING 1, 2, AND 3.

AUTOMOTIVE PROGRAMS

- ___ AUTO BODY
- ___ AUTO/DIESEL TECHNOLOGY
- ___ MECHANICS AND REPAIR

CONSTRUCTION PROGRAMS

- ___ CARPENTRY
- ___ ELECTRICAL CONSTRUCTION
- ___ PLUMBING
- ___ WELDING TECHNOLOGY

VISUAL & PERFORMING ARTS PROGRAMS

- ___ DANCE (AUDITION REQ.)
- ___ GRAPHIC COMMUNICATIONS
- ___ THEATER ARTS (AUDITION REQ. *)

SERVICE PROGRAMS

- ___ AGRICULTURAL SCIENCE
- ___ COSMETOLOGY
- CULINARY ARTS (PLEASE CHOOSE A FOCUS BELOW)*
- ___ CULINARY ARTS FOCUS
- ___ RESTAURANT ENTREPRENEURSHIP & MANAGEMENT
- ___ HEALTH OCCUPATIONS
- ___ LAW AND PUBLIC SAFETY

TECHNOLOGY PROGRAMS

- ___ INTEGRATED TECHNOLOGY SYSTEMS
- ___ MECHATRONICS, ENGINEERING & ADVANCED MANUFACTURING
(8th Grade Full Time Applicants Only)

WOULD THE STUDENT PREFER TO ATTEND FULL TIME OR SHARED TIME? FULL SHARED

PARENT AUTHORIZATION

I hereby authorize the sending school district to make available all scholastic, health, and psychological records pertaining to my child. In the event of an emergency, permission is granted to SCVTHS to transport my child to Somerset Medical Center.

I also authorize SCVTHS's Linkages School-Based Youth Services Program to provide services including job placement, life skills education, community support, crisis intervention, supportive counseling, substance abuse education and counseling, health education (birth control is NOT provided by the Linkages Program), and recreation. A student will receive services from Linkages only if the student asks for services and/or is referred for services by their parent/guardian, a school administrator or faculty member, or an outside agency providing services to the student.

X

SOMERSET COUNTY VOCATIONAL SCHOOL DISTRICT'S AFFIRMATIVE ACTION POLICY

To provide equal educational opportunities regardless of sex, race, color, religion, ancestry, national origin, age, sexual orientation, handicap, or social/economic status. Contact Teresa Morelli, Title IX & Affirmative Action Officer, 908-526-8900. Ext. 7157
Inquiries regarding Section 504, Rehabilitation Act of 1973 (PL 93-112) contact Patrick Pelliccia, 504 Coordinator, 908-526-8900 Ext. 7121

PLEASE NOTE: Medical information may be shared with school personnel, on a need-to-know basis, when indicated to protect your child's health.

***IMPORTANT! MAKE SURE YOUR EMAIL ADDRESS IS WRITTEN CLEARLY!**

The email you supply on the application will be used to communicate information about THEATER ARTS auditions. To set up your audition, contact Alison Mingle at amingle@scvts.net. **A confirmed appointment is REQUIRED to attend each audition.**

NJ PUBLIC RECORD AGENCY# M700106 SCHEDULE# 001 SERIES# 0051-000

Retain minimum of 3 years if denied, 100 years if accepted

SENDING DISTRICT INFORMATION

8 9 10 11

STUDENT FIRST NAME	STUDENT LAST NAME	CURRENT GRADE LEVEL
SENDING (RESIDENT) DISTRICT		
STUDENT'S SCHOOL COUNSELOR	COUNSELOR PHONE # & EXTENSION	
SCHOOL COUNSELOR'S EMAIL	SENDING DISTRICT FAX #	

School Counselors: Please ensure that the following information and signatures are included with the student's application. Incomplete applications will not be considered.

SENDING DISTRICT COUNSELOR'S CHECKLIST	
FOR 8 TH GRADE APPLICANTS ONLY:	FOR HIGH SCHOOL APPLICANTS ONLY:
<input type="checkbox"/> ALL REPORT CARDS FOR 7 th GRADE AND MP1 & MP2 for 8 th GRADE (6 in total)	<input type="checkbox"/> ALL REPORT CARDS FOR PREVIOUS YEAR AND MP1 & MP2 FOR CURRENT YEAR (6 in total)
<input type="checkbox"/> 6 TH and 7 TH GRADE STANDARDIZED TEST/NJSLA SCORES	<input type="checkbox"/> MOST RECENT STANDARDIZED TEST/NJSLA SCORES
<input type="checkbox"/> DAILY ATTENDANCE FOR CURRENT AND PREVIOUS YEAR	<input type="checkbox"/> DAILY ATTENDANCE FOR CURRENT AND PREVIOUS YEAR
<input type="checkbox"/> DISCIPLINE RECORDS FOR CURRENT & PREVIOUS YEAR <i>include report from the student database or SIS even if none</i>	<input type="checkbox"/> DISCIPLINE RECORDS FOR CURRENT & PREVIOUS YEAR <i>include report from the student database or SIS even if none</i>
<input type="checkbox"/> 504 DOCUMENTATION (IF APPLICABLE)	<input type="checkbox"/> 504 DOCUMENTATION (IF APPLICABLE)
<input type="checkbox"/> HEALTH HISTORY & APPRAISAL FORM A-45	<input type="checkbox"/> HEALTH HISTORY & APPRAISAL FORM A-45
<input type="checkbox"/> PARENT SIGNATURE ON 1 ST PAGE	<input type="checkbox"/> PARENT SIGNATURE ON 1 ST PAGE
<input type="checkbox"/> NJ STATE I.D. NUMBER: _____	<input type="checkbox"/> NJ STATE I.D. NUMBER: _____
<input type="checkbox"/> I.E.P. or I.S.P. AND MOST RECENT CST EVALUATION (IF APPLICABLE)	<input type="checkbox"/> I.E.P. or I.S.P. AND MOST RECENT CST EVALUATION (IF APPLICABLE)
<input type="checkbox"/> CHECK HERE IF STUDENT IS RECEIVING ESL SUPPORT SERVICES	<input type="checkbox"/> CHECK HERE IF STUDENT IS RECEIVING ESL SUPPORT SERVICES
<i>PLEASE SUBMIT THE COMPLETED APPLICATION TO SCVTHS VIA REGULAR MAIL, EMAIL, OR FAX</i>	
<i>THE UNDERSIGNED HAVE VERIFIED THE ABOVE INFORMATION IS COMPLETE AND ACCURATE</i>	
8 th GRADE COUNSELOR'S SIGNATURE: _____	HIGH SCHOOL COUNSELOR'S SIGNATURE: _____
SIGNATURE OF CASE MANAGER IF IEP ENCLOSED	
PRINT _____ SIGNATURE _____	
SIGNATURE OF DIRECTOR OF SPECIAL SERVICES IF IEP ENCLOSED	
PRINT _____ SIGNATURE _____	
SIGNATURE OF DIRECTOR OF GUIDANCE OR PRINCIPAL (REQUIRED)	
PRINT _____ SIGNATURE _____	

NOTE: I.E.P, 504, CST EVALUATION, AND A-45 FORMS ARE KEPT CONFIDENTIAL AND ONLY REVIEWED UPON ACCEPTANCE FOR ADDITIONAL QUESTIONS PLEASE REFER TO THE FAQ ON OUR WEB SITE AT WWW.SCVTHS.ORG

NOTE: APPLICANTS MUST HAVE ACHIEVED A MINIMUM 7th GRADE READING & MATH LEVEL ON THE RENAISSANCE STAR ADMISSIONS EXAM IN ORDER TO BE ACCEPTED.